

Attachment B – Copy of agenda for RCRA Annual Refresher Training

Agenda

1) Introduction to hazardous waste management

2) Hazardous waste identification.

3) Generator Status

4) Containers

5) Storage areas

6) Reporting & recordkeeping

RCRA Annual Refresher Training Script

Introduction: This training is intended to comply with annual requirements set forth in **40 CFR 265.16 (c)**. "Facility personnel must take part in an annual review of the initial training required in paragraph (a) of this section". **40 CFR 265.16 (a)**; "Facility personnel must successfully complete a program of classroom or on-the-job training that teaches them to perform their duties in a way that ensures the facility's compliance with the requirements of this part. The owner or operator must ensure that this program includes all elements described in the document required under paragraph (d) (3) of this section". **40 CFR 265.16 (d)(3)**; "At a minimum, the training program must be designed to ensure that facility personnel are able to respond effectively to emergencies by familiarizing them with emergency procedures, emergency equipment, and emergency systems, including where applicable:

- (i) Procedures for using, inspecting, repairing, and replacing facility emergency and monitoring equipment;
- (ii) Key parameters for automatic waste feed cut-off systems;
- (iii) Communications or alarm systems;
- (iv) Response to fires or explosions;
- (v) Response to groundwater contamination incidents; and
- (vi) Shutdown of operations".



John T. [Signature]
3/2/12

Attachment C – Bldg 4, Daily Inspection Records

GlaxoSmithKline Upper Merion

BUILDING 4 ABOVE GROUND HAZARDOUS WASTE STORAGE TANK DAILY INSPECTION REPORT

Inspection: Found Satisfactory - Indicate by "S" or "NONE"
Found Faulty - Indicate by "F" and explain in comments area

	Monday	Tuesday	Wed.	Thursday	Friday
Date:		1/4/12	1/5/12	1/6/12	
Condition of secondary containment		S	S	S	
Evidence of spill in containment		S	S	S	
Condition of piping		S	S	S	
Open the two ball valves to check secondary conatinment for piping		S	S	S	
"% Range" reading IF %RANGE > %35, TANK MUST BE DRAINED		0.51%	0.31%	0.31%	
Indicate if the tank was drained or not (Y/N)		Yes	Yes	Yes	
Inspector's Initials		hgc	TC	TC	

Comments/Corrective Actions for Failure:

Monday

Tuesday

Tank was empty but gauge showed 0.00% with water substrate

Wed.

Thursday

Friday



GlaxoSmithKline

EPA ID#: PAD980551964

RCRA Inspection Report

Date 8-17-12

	Outside Drumpad	Bldg.#35	Bldg#4 Waste Vault	Bldg#24
Number of RCRA Regulated Waste Containers	70	137	3	5
Number of Non-RCRA Regulated Waste Containers	12	22	0	3
Number of Radiological Regulated Waste Containers	✓	10	0	0
Number of Infectious Waste Containers	✓	0	0	0
Number of Universal Waste Containers	✓	13	0	0
Containers Physical Condition	✓	✓	✓	✓
Properly Closed / Sealed	✓	✓	✓	✓
Correct Labeling / Identification	✓	①	✓	✓
Correct Container for Waste	✓	✓	✓	✓
Security Appropriate	✓	✓	✓	✓
Aisle Space Sufficient	✓	✓	✓	✓
Spills	None	None	None	None
Fire & Safety Protection	✓	✓	✓	✓
Housekeeping	✓	✓	✓	✓
Accumulation <90 days	✓	✓	✓	✓
SUMP	✓	N/A	N/A	✓

Comments ① Five(5) chem cans labelled but not dated

Inspectors Signature: Jean Lee

Corrective Actions: ① dated cans 8-13-12 / SDS - SUPERVISOR addressed issue w/ waste technicians about 90 day storage date

Inspector should do the following:

- Determine that containers are suitable for the waste
- Determine that containers are closed/secured properly
- Determine that containers are labeled correctly
- Determine that there are no spills or hazardous complications
- Record the drum count on attached inventory sheet
- Make sure flammable drums used in pouring activities are grounded
- Make sure drum vents are in place
- Make sure the structure of the containers are in good condition

Attachment D – Copies of Manifest Records– 5/23/12, 6/27/12 and 7/16/12

GENERATOR

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Manifest Tracking Number				
		FLE							
5. Generator's Name and Mailing Address		Generator's Site Address (if different than mailing address)							
Generator's Phone:									
6. Transporter 1 Company Name		U.S. EPA ID Number							
7. Transporter 2 Company Name		U.S. EPA ID Number							
8. Designated Facility Name and Site Address		U.S. EPA ID Number							
Facility's Phone:									
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
			No.	Type					
	1.								
	2.								
	3.								
	4.								
14. Special Handling Instructions and Additional Information									
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.									
Generator's/Offor's Printed/Typed Name		Signature				Month	Day	Year	
TRANSPORTER INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Port of entry/exit:						
	Transporter signature (for exports only):		Date leaving U.S.:						
	17. Transporter Acknowledgment of Receipt of Materials								
	Transporter 1 Printed/Typed Name		Signature				Month	Day	Year
	Transporter 2 Printed/Typed Name		Signature				Month	Day	Year
DESIGNATED FACILITY	18. Discrepancy								
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection								
	Manifest Reference Number:								
	18b. Alternate Facility (or Generator) U.S. EPA ID Number								
	Facility's Phone:								
	18c. Signature of Alternate Facility (or Generator) Month Day Year								
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)									
1.		2.		3.		4.			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a									
Printed/Typed Name		Signature				Month	Day	Year	

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Manifest Tracking Number	FLE		
5. Generator's Name and Mailing Address		Generator's Site Address (if different than mailing address)						
Generator's Phone:								
6. Transporter 1 Company Name		U.S. EPA ID Number						
7. Transporter 2 Company Name		U.S. EPA ID Number						
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Generator's/Offor's Printed/Typed Name		Signature				Month	Day	Year
						05	22	12
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Port of entry/exit: _____					
	Transporter signature (for exports only):		Date leaving U.S.: _____					
	17. Transporter Acknowledgment of Receipt of Materials							
	Transporter 1 Printed/Typed Name	Signature				Month	Day	Year
						05	22	12
	Transporter 2 Printed/Typed Name	Signature				Month	Day	Year
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	Manifest Reference Number:							
	18b. Alternate Facility (or Generator)		U.S. EPA ID Number					
	Facility's Phone:							
	18c. Signature of Alternate Facility (or Generator)		Month				Day	Year
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Printed/Typed Name		Signature				Month	Day	Year
						05	23	12

DESIGNATED FACILITY TO GENERATOR

DESIGNATED FACILITY TO GENERATOR